

Rule-Making Cover Sheet

TO: Secretary of State

ATTN: Administrative Procedure Officer
State House Station #101, Augusta, Maine 04333

1. **Agency:** Department of Health and Human Services, Finance,
Division of Audit
- 2 **Agency Umbrella Unit and Number:** 10-144
3. **Title of rule(s):** Maine Uniform Accounting and Auditing Practices for Community Agencies.
4. **Chapter number assigned to the rule(s):** Chapter 30
5. **Date(s)/methods(s) of notice:** Notice of Rule-making **2011-P261 11/30/2011**, Kennebec Journal,
Bangor Daily News, Lewiston Sun, Waterville Sentinel and Portland
Press Herald.

6. **Date(s)/place(s) of hearing(s):** Date: December 16, 2011
Place Department of Health and Human Services
442 Civic Center Drive, Augusta, Maine

7. **Type of rule:** ☐ new rule ☐ partial amendment(s) of existing rule
☐ suspension of existing rule ☐ repeal of rule ☐ emergency rule
☒ repeal and replace: complete replacement of existing chapter, with former version
simultaneously repealed

8. **Name/phone of agency contact person:** Carroll P. Thompson, CPA, (207)-287-2775

9. **If a major substantive Rule under Title 5, c.375, subchapter II-A, check one of the following:**

☐ Provisional adoption ☒ Final adoption ☐ Emergency adoption

10. **Certification Statement:** I, Mary C. Mayhew, hereby certify that the attached is a
true copy of the rule(s), described above and is lawfully adopted by

The Department of Health and Human Services on _____.
(name of agency) (date)

Signature
Mary C. Mayhew, Commissioner
Printed Name & Title

11. **Approved as to form and legality by the Attorney General on** _____
(date)

Signature (original signature, personally signed by an
Assistant Attorney General)

Printed Name